U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

PO Box, Bldg, Room No if any

Yatesville

State Pennsylvania

5 Position in labor organization

144 Brown Street

Street

City

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Labor Organization File Number

Street 144 Brown Street

Yatesville

Pennsylvania

P O Box, Building and Room Number, if any

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

2004

029-540

570-655-9400

Telephone Number

31

ZIP Code + 4 18640

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

AUG 182005	CTIONS CAREFULLY BEFORE PREPARING THIS REPORT.
1 File Number U - 9763	2 Fiscal Year Covered From
	1 / 1 / 2004 Through 12 /
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name James Murphy	Name Iron Workers AFL-CIO LU 489

ZIP Code + 4 18640

President

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

City

State

6 Name and address of Employer (including trade name, if any)	7 a Nature of Interest, Transaction, or Income		
Name			
Trade Name, if any			
PO Box, Bidg , Room No , if any			
Street	7 b Amount.		
City [
State ZIP Code + 4 ,	Mercana de la companya del companya de la companya del companya de la companya del la companya de la companya d		
Signature			

15 Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Form LM-30 (2003)

Signed

Name of Person Filing James Murphy	<u> </u>	File Number U-
B Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the busines rely seeking to represent or irectly to, or otherwise	ss
8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Iron Workers Local 489 Annuity Fund	5-71	
Trade Name, if any	a Labor Organiz	ation
P O Box, Bldg , Room No , if any	b Trust	
Street 144 Brown Street	c mpoyer	
City Yatesville		
State Pennsylvania ZIP Code + 4 18640		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dea	ling
Name	Trustee of Local	Union Annuity Fund
Trade Name, if any		
P O Box, Bldg , Room No if any		
Street	11 b Approximate dollar va	lue of such dealing
City	12 a Nature of interest he	
State ZIP Code + 4	Value of meal rel Trustee meeting.	ated to attendance at Board of
	40 5 4	F-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	12 b Amount	\$72
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)	14 a Nature of payment	
Name		
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City		
State ZIP Code + 4		
13 b Is the Business an Employer or Consultant?	14 b Amount of payment	

Name of Person Filing James Murphy	File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Merrill Lynch	a Labor Organization	
Trade Name, if any		
P O Box, Bldg , Room No , if any	X, b Trust	
Street 197 Route 18 South	c Employer	
City East Brunswick		
State New Jersey ZIP Code + 4 08816-1400		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name Iron Workers Local 489 Annuity Fund	Performs investment consulting and services for the Annuity Fund.	advisory
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street 144 Brown Street		
City Yatesville		
State Pennsylvania ZIP Code + 4 18640	11 b Approximate dollar value of such dealing	\$10,700,000
	12 a Nature of interest held or income received	
	Value of meal provided at meeting.	
	us cut us and us	
	12 b Amount	\$75

Name of Person Filing James Murphy	File N	Number U-
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Iron Workers District Council of Phila	a Labor Organization	
Trade Name, fany Health and Welfare and Pension Fund		
P O Box, Bldg Room No , if any	b Trust	
Street 6401 Castor Ave	c Employer	
City Philadelphia -		
State Pennsylvania ZIP Code + 4 19149		!
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Trustee of Iron Workers District Co	ouncil Health and
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Value of expenses related to atten Trustee meeting.	dance at Board of
		7,33,50,533,33,33,533,33,533,33
	12 b Amount	\$1,436

Name of Person Filing James Murphy	File Number U-

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)	9 Business deals with	
Name Iron Workers District Council of Phila	a Labor Organization	
Trade Name, if any Health and Welfare and Pension Fund		
P O Box, Bldg , Room No If any	b Trust	
Street 6401 Castor Ave	c Employer	
City Philadelphia		
State Pennsylvania ZIP Code + 4 19149		
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing	
Name	Trustee of Iron Workers District Co Welfare and Pension Funds	ouncil Health and
Trade Name, if any		
P O Box, Bldg , Room No , if any		
Street		
City		
State ZIP Code + 4	11 b Approximate dollar value of such dealing	
	12 a Nature of interest held or income received	
	Value of expenses related to atten International Foundation Conference	dance of
	The second secon	
	12 b Amount	\$4,518

LM-30 Attachment

Ending date of report period 12/31/04 LM-30 File Number To be assigned

LM-30 Items Number

8, 9, 11a and 11b

Per direction provided by U.S. DOL OLMS, Part B includes reporting of transactions including reimbursement of expenses by a trust in which the labor organization is interested as though the trust was a business. The information for item 11b is not in my possession